PEPFAR Central Asia Region

Annual Report (FY2016) for Tajikistan

January 24, 2017

"Know your status"

Indicator definition: Number of individuals who had a complete referral to a facility for HIV testing

Purpose: To improve health behaviors and to increase the uptake HIV testing among KPs and their partners.

Measurement tool: The number of individuals who had a complete referral to a facility for HIV testing is obtained from program records of the PEPFAR-funded partners.

HIV React Project Yield

SNU	Target (annual)	Q4 results	Annual results	% Target Achieved	Yield (%/absolute)	
Dushanbe	600	112	112	19%	2.7%	3
Khujand	400	90	90	23%	1.1%	1
TOTAL	1,000	202	202	20%	2%	4

Note: Implementation since August 2016

HIV Flagship Project

Status of Flagship implementation

- Activities started in October with 3 NGOs

- The MOH has approved the use of rapid saliva tests in Flagship programs

Results as Dec 8, 2016:

- HTC_TST_DSD: 666 PWID, 13 new HIV positive identified

  Yield = 2%

- Adherence support: 80 PLHIV provided with ART adherence support and 129 were screened for TB symptoms

Initial suggestions to address yield:

Conduct site-based mobile testing in shooting galleries.

KP_MAT

- **Definition:** Number of people who inject drugs (PWID) on medication-assisted therapy (MAT) for at least <u>6 months</u> of the reporting period.

- **How often to report:** Once per year at the end of the USG fiscal year (September 30)

- **Reporting level:** Site level, facility only

- **Data source:** Electronic methadone register (EMR)

Cumulative PEPFAR Results vs. Annual Target-
Number of people who inject drugs and are on a medically-assisted
therapy for at least 6 months
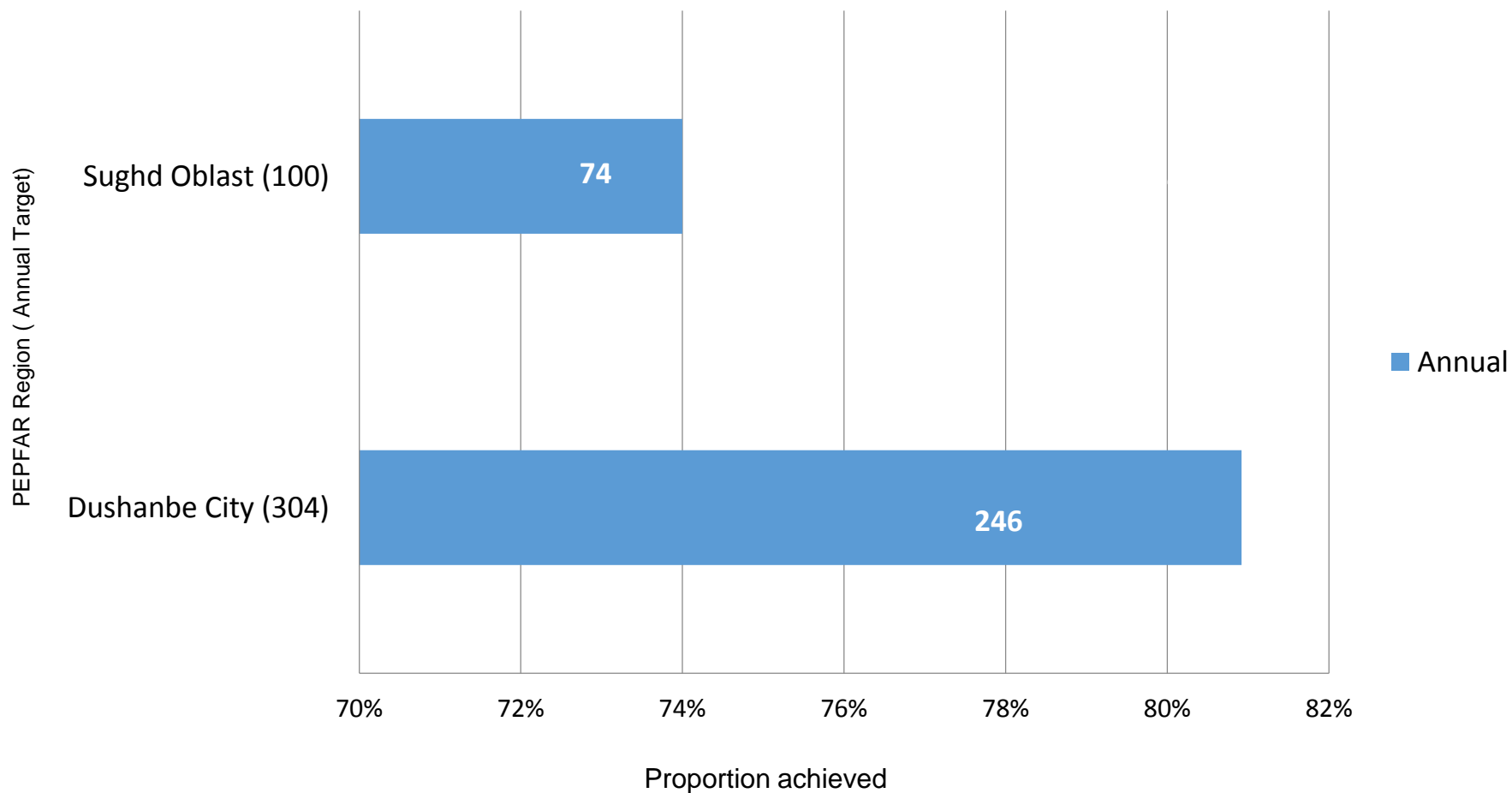
HTS_TST

- **Definition:** Number of individuals who received HIV Testing Services (HTS) and received their test results.

- **How often to report:** Report 3 months of results at each reporting cycle. Patients re-tested during the reporting should be de-duplicated.

- **How to calculate annual total:** Sum results across all 4 reporting periods.

- **Reporting level:** HTS is reported at the site level, both facility and community per service delivery area.

- **Data source:** ICAP, RAC Program Data

Cumulative PEPFAR Results vs. Annual Target- HIV Testing and Counselling

PEPFAR Region (Annual Target)

Sughd Oblast (73,362): Q1 7,723 | Q2 11,727 | Q3 7,353 | Q4 5,185

Khatlon Oblast (670): Q1 219 | Q2 245 | Q3 225

Gorno-Badagakhshan Oblast (163): Q1 45 | Q2 51 | Q3 70

Dushanbe City (55,643): Q1 5,767 | Q2 2,945 | Q3 5,371 | Q4 8,691

Districts of Republican Subordination (20,846): Q1 3,954 | Q2 5,071 | Q3 2,630 | Q4 3,513

Proportion achieved

Legend: Q1, Q2, Q3, Q4

"Adherence support"

Indicator definition: "Number of PLHIV provided with minimum of one service to support adherence to ART"

Purpose: This indicator measures the number of PLHIV receiving services to support adherence to ART (ART education as mandatory minimum standard) through PEPFAR.

Measurement tool: The number of PLHIV provided with minimum one service to support adherence to ART (ART education as mandatory minimum standard and additionally support groups, psycho-social support) is obtained from program records of PEPFAR-funded implementing partners.

HIV React Project Adherence Support

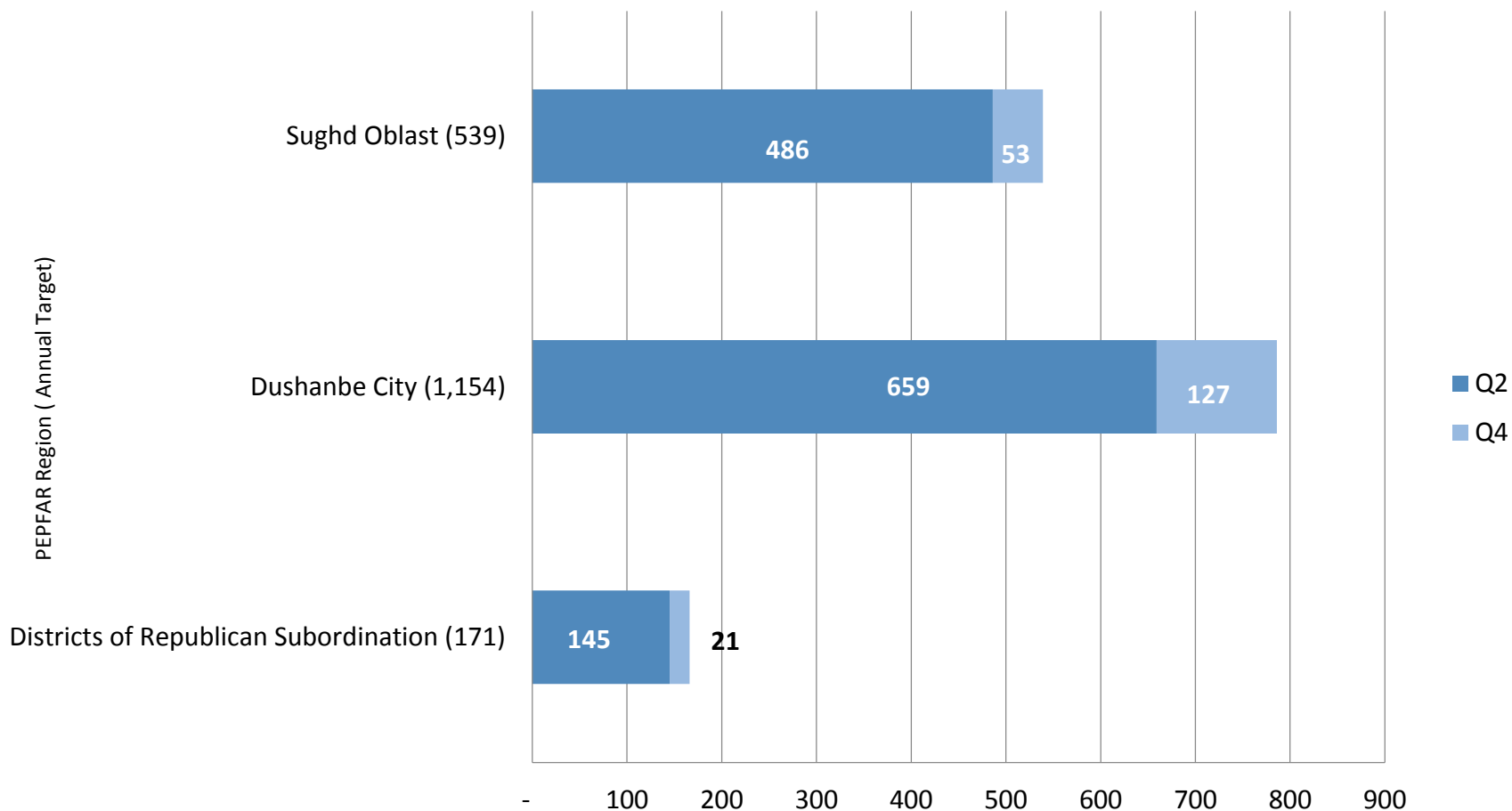| SNU	Target	Q4 results	Annual results	Proportion achieved
Dushanbe	70	53	53	75.7%
Khujand	30	7	7	23.3%
TOTAL	**100**	**60**	**60**	**60%**

Note: Implementation since August 2016

CARE_CURR

- **Definition:** Number of HIV-positive adults who received at least one of the following during the reporting period:
  - Clinical assessment (WHO staging) <u>OR</u>
  - CD4 count <u>OR</u>
  - Viral load

- **How often to report :** Starting from this year, this indicator is no longer required to be reported.

- **Data source:** Electronic HIV case management system (EHCMS)

Cumulative PEPFAR Results -
Number of HIV positive adults who received at least one: clinical assessment or CD4 or viral load

PEPFAR Region (Annual Target)

- Sughd Oblast (539): Q2 = 486, Q4 = 53
- Dushanbe City (1,154): Q2 = 659, Q4 = 127
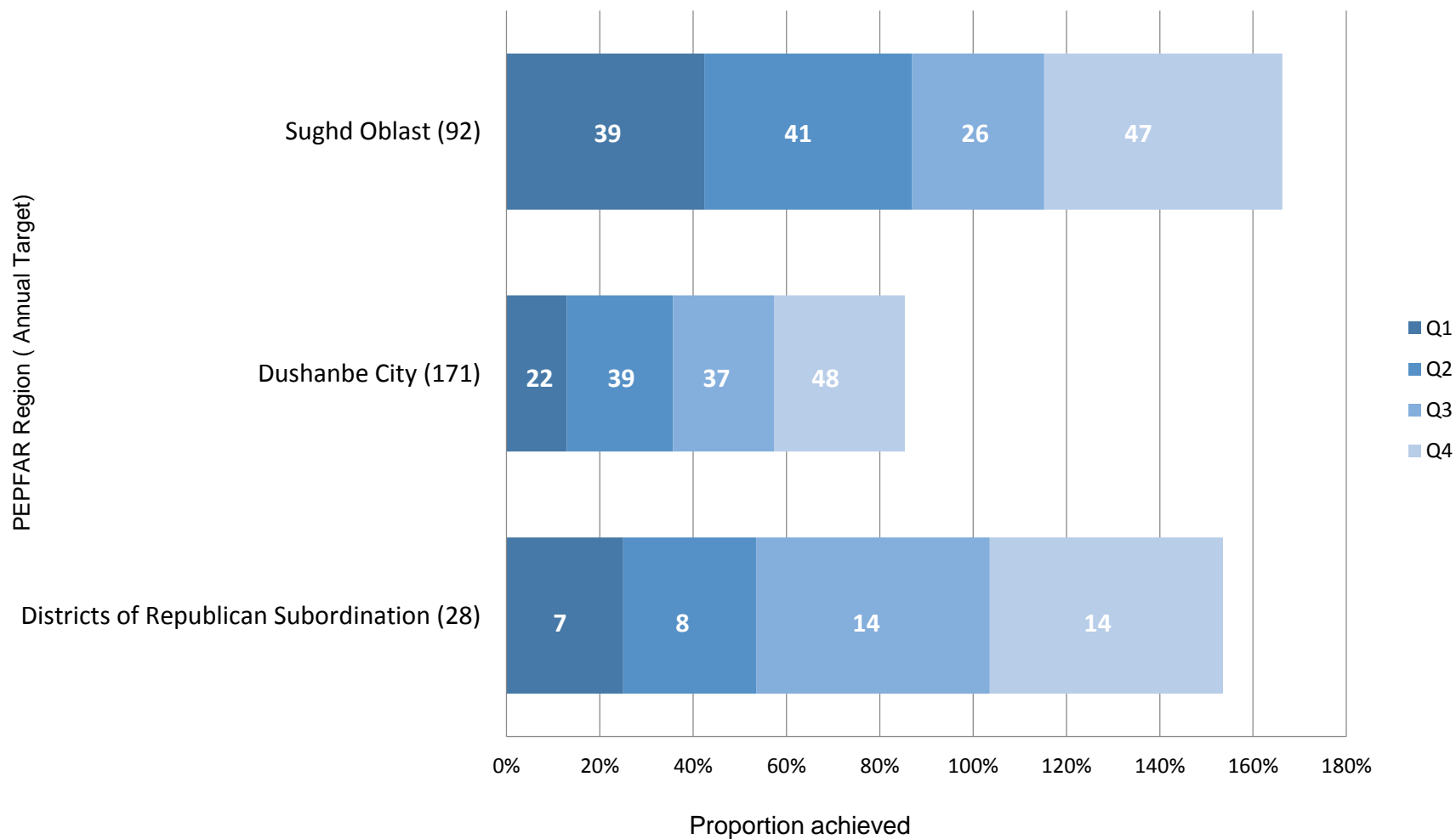- Districts of Republican Subordination (171): Q2 = 145, Q4 = 21

Legend: Q2, Q4

TX_NEW

- **Definition:** Number of adults newly enrolled on antiretroviral therapy (ART).

- **How often to report:** Each quarter reports 3 months of results.

- **How to calculate annual total:** Sum across all 4 reporting periods.

- **Reporting level:** Site level, facility only

- **Data source:** Electronic HIV case management system (EHCMS)

Cumulative PEPFAR Results vs. Annual Target- Number of people newly enrolled on ART

Chart: Proportion achieved (x-axis 0% to 180%) by PEPFAR Region (Annual Target) (y-axis), with quarterly segments Q1, Q2, Q3, Q4.

- Sughd Oblast (92): Q1 = 39, Q2 = 41, Q3 = 26, Q4 = 47
- Dushanbe City (171): Q1 = 22, Q2 = 39, Q3 = 37, Q4 = 48
- Districts of Republican Subordination (28): Q1 = 7, Q2 = 8, Q3 = 14, Q4 = 14
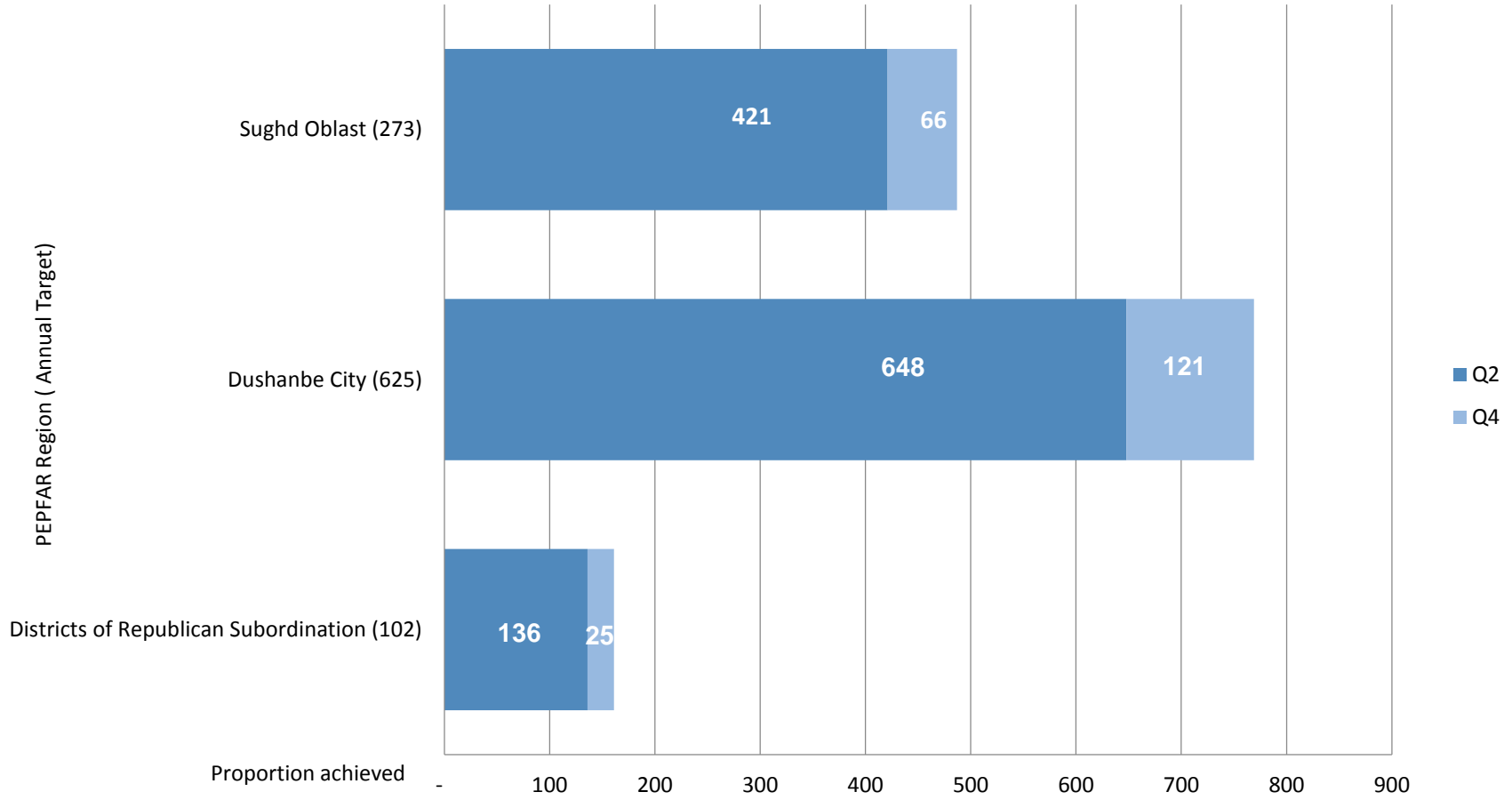
Legend: Q1, Q2, Q3, Q4

TX_CURR

- **Definition:** Number of adults currently receiving antiretroviral therapy (ART)

- **How often to report:** Every 6 months. Report total currently in treatment as of the last day of the reporting period.

- **How to calculate annual total:** Use the Q4/APR number as this is a cumulative measure

- **Reporting level:** Site level, only facility

- **Data source:** Electronic HIV case management system (EHCMS)

Cumulative PEPFAR Results vs. Annual Target-
Number of adults currently receiving ART

PEPFAR Region (Annual Target)

Sughd Oblast (273): 421, 66

Dushanbe City (625): 648, 121

Districts of Republican Subordination (102): 136, 25

Proportion achieved

- 100 200 300 400 500 600 700 800 900

Q2
Q4

TX_RET

- **Definition:** Percentage of adults known to be on treatment <u>12 months</u> after initiation of antiretroviral therapy

- **How often to report:** 12 months of results at Quarter 4

- **How to calculate annual total:** Use result reported at Quarter 4

- **Reporting level:** Site level, facility only

- **Data source:** Electronic HIV case management system (EHCMS)

Cumulative PEPFAR Results vs. Annual Target- Number of adults alive on treatment 12 months after initiation of ART

PEPFAR Region	Total Number of People of initiated ART in 12 months	Total Number of People Alive 12 months After initiating ART	Retention Rate
Districts of Republican Subordination	43	36	83.72%
Dushanbe	216	206	95.37%
Sughd Oblast	162	154	95.06%

TX_VIRAL

- **Definition:** Percentage of adult ART patients with a viral load result documented in the medical record within the past 12 months

- **How often to report:** Every 12 months

- **Reporting level:** Site level, facility only

- **Data source:** Electronic HIV case management system (EHCMS)

Cumulative PEPFAR Results vs. Annual Target-
Number ART patients with a viral load result documented within the past 12 months
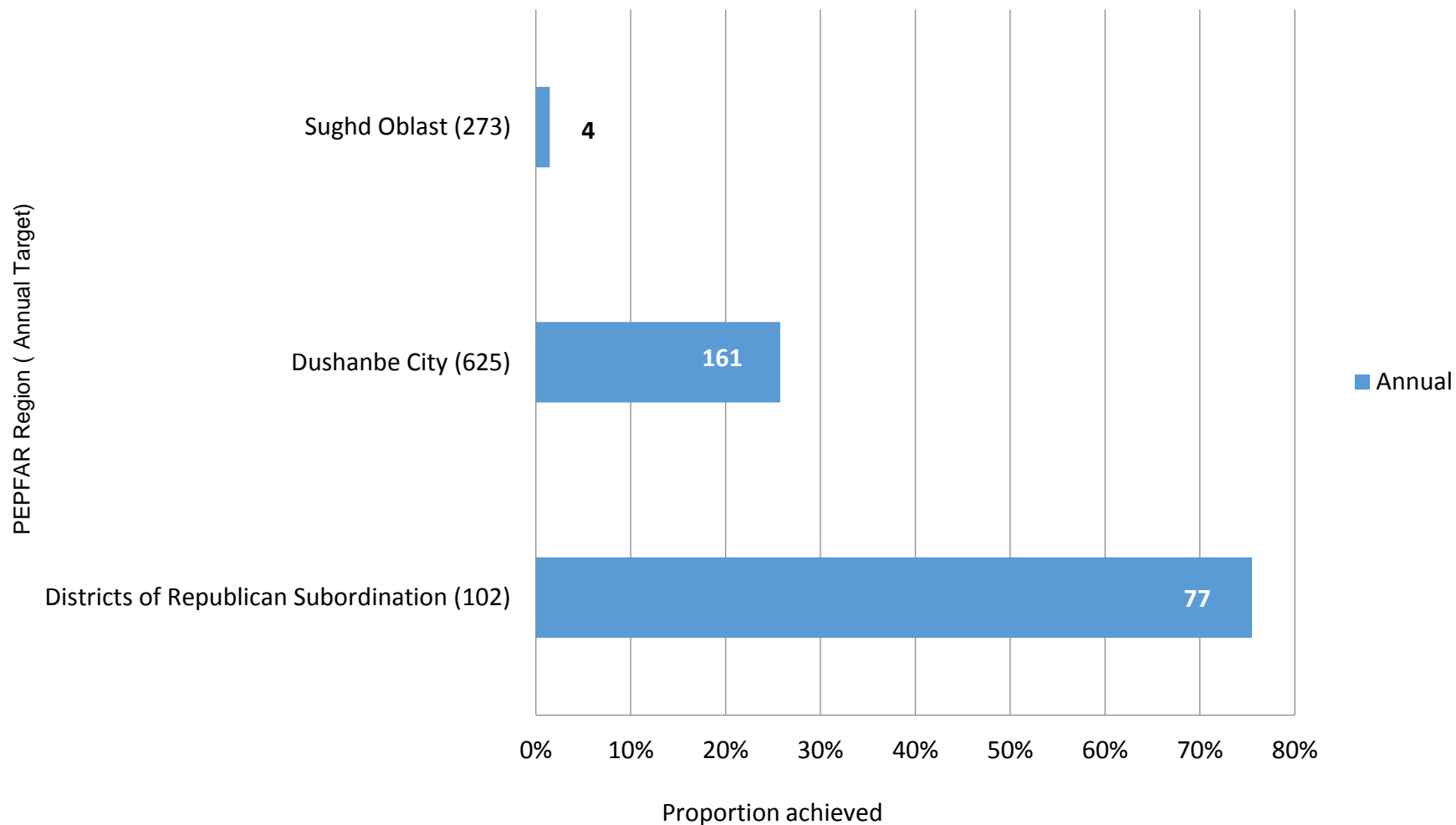
Key Policy Contributions

- Supported the successful policy development to pilot MAT in prison settings
- Supported the revision of the national HIV testing algorithm
  - To increase accessibility of Rapid HIV diagnostic testing (through including salvia based RTs)
  - To reduce time required to obtain HIV diagnosis (through combinations of RDTs and enzyme immunoassays (EIAs) rather than EIA and Western blot)
- Stigma Index and PLHIV Forum: promotion of the human rights of the KPs
- Supported TWG to revise HIV treatment clinical guidelines based on 2016 WHO recommendations.

Utilizing these results to inform program improvement

- Recognize HIV testing, care, and treatment services are in the process of decentralizing
  - Expand site-level support beyond AIDS center
  - Pilot virtual clinical mentoring
- Critical need to expand viral load testing coverage
  - Expand testing capabilities in Sugd Region with new machine and capacity building
- Critical need to increase HIV case finding
  - Further promotion of the community-based testing
  - Low HIV testing yield observed requires modifying peer-driven testing mode

Q&A session on PEPFAR Program Results

PEPFAR Strategy Development

Strategy Development

"ROP": PEPFAR Regional Operation Plan
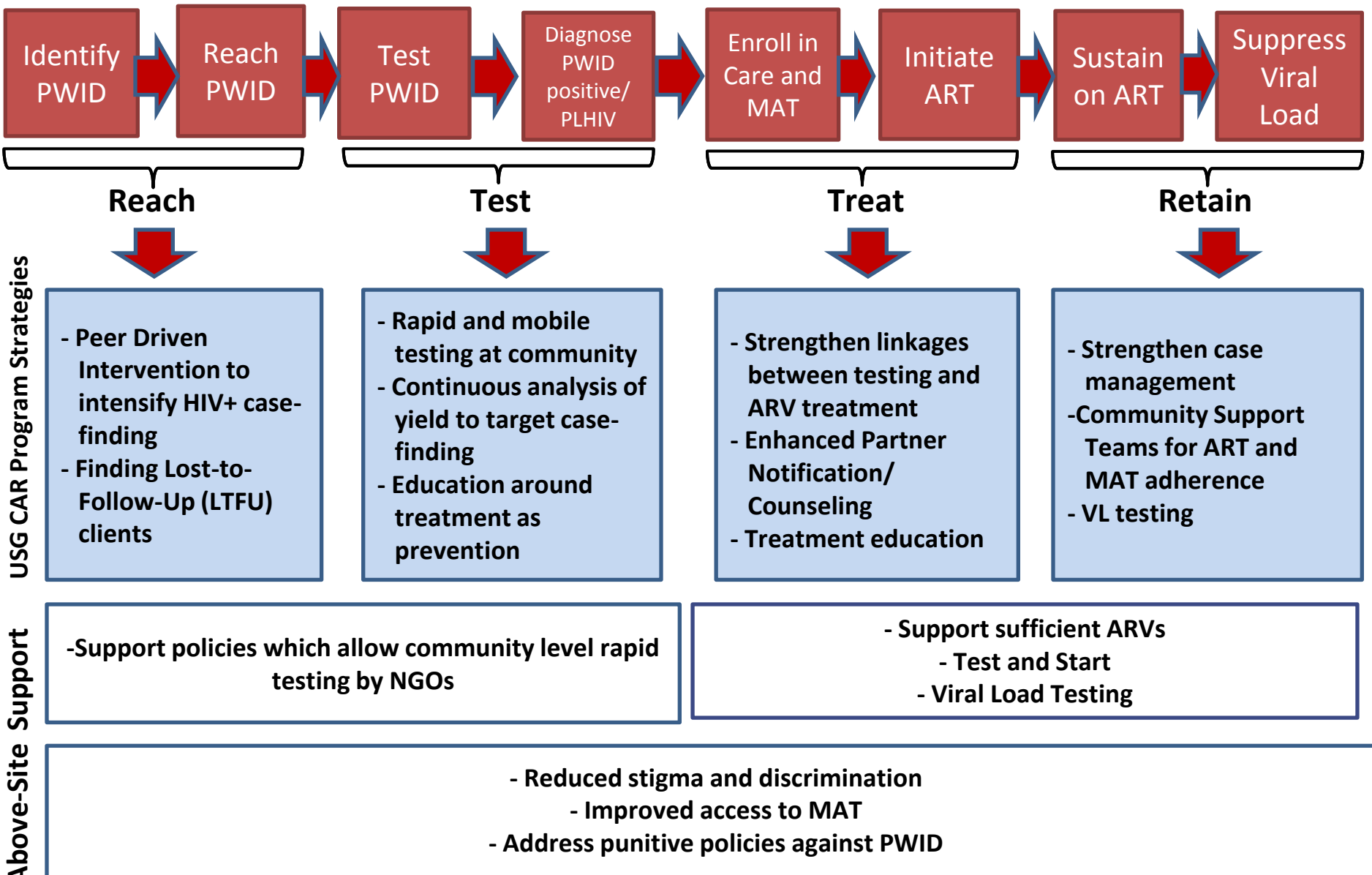
Covers 2 year: October 2017 – September 2019

Strict "guidance" from PEPFAR:

- Geographic areas of program activity
- Target groups

ROP Timeline:

- Guidance received 19 January
- Stakeholders' feedback solicited on 24 January
- Plan due 16 February
- Plan reviewed, modified, and approved by the U.S government agencies early March

PEPFAR Strategy Overview

| Identify PWID | ➡ | Reach PWID | ➡ | Test PWID | ➡ | Diagnose PWID positive/ PLHIV | ➡ | Enroll in Care and MAT | ➡ | Initiate ART | ➡ | Sustain on ART | ➡ | Suppress Viral Load |

Reach | **Test** | **Treat** | **Retain**

USG CAR Program Strategies

Reach
- Peer Driven Intervention to intensify HIV+ case-finding
- Finding Lost-to-Follow-Up (LTFU) clients

Test
- Rapid and mobile testing at community
- Continuous analysis of yield to target case-finding
- Education around treatment as prevention

Treat
- Strengthen linkages between testing and ARV treatment
- Enhanced Partner Notification/ Counseling
- Treatment education

Retain
- Strengthen case management
- Community Support Teams for ART and MAT adherence
- VL testing

Support

-Support policies which allow community level rapid testing by NGOs

- Support sufficient ARVs
- Test and Start
- Viral Load Testing

Above-Site

- Reduced stigma and discrimination
- Improved access to MAT
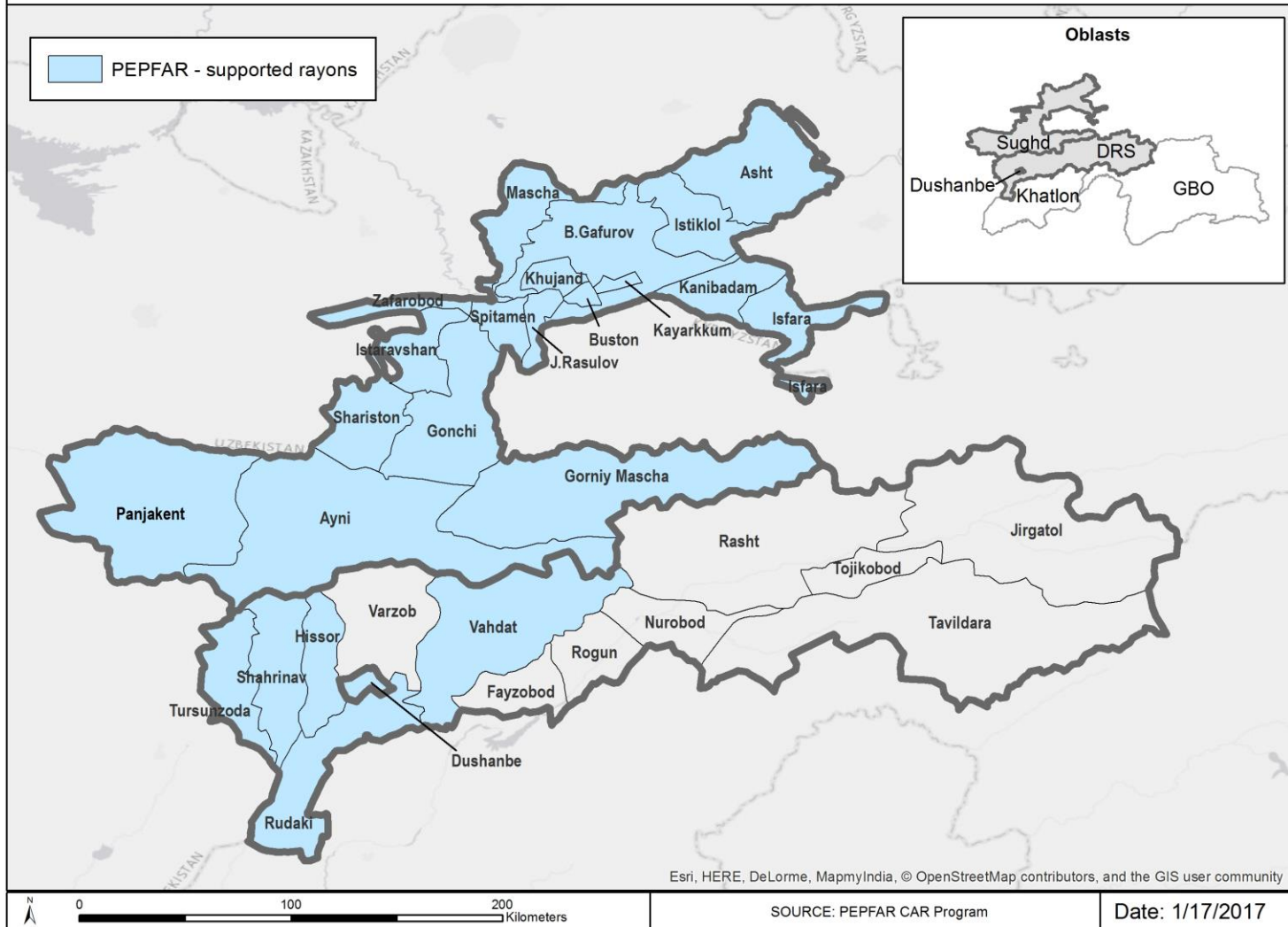- Address punitive policies against PWID

PEPFAR Priority Populations

- People who inject drugs:
  - Harm reduction
  - Targeted HIV testing
  - MAT enrollment, adherence, and retention

- All people living with HIV
  - Linkage to care and treatment
  - Adherence support
  - High quality clinical services

PEPFAR Supported Districts

Central Asia Regional Program: **Tajikistan** , PEPFAR - supported rayons for Regional Operational Plan (ROP) 2017

PEPFAR - supported rayons

Oblasts

Sughd
DRS
Dushanbe
Khatlon
GBO

Asht
Mascha
Istiklol
B.Gafurov
Khujand
Kanibadam
Zafarobod
Spitamen
Isfara
Buston
Kayarkkum
Istaravshan
J.Rasulov
Ishara
Shariston
Gonchi
Gorniy Mascha
Panjakent
Ayni
Rasht
Jirgatol
Tojikobod
Varzob
Vahdat
Nurobod
Tavildara
Hissor
Rogun
Shahrinav
Fayzobod
Tursunzoda
Dushanbe
Rudaki

Esri, HERE, DeLorme, MapmyIndia, © OpenStreetMap contributors, and the GIS user community

N

0   100   200
Kilometers

SOURCE: PEPFAR CAR Program

Date: 1/17/2017

Strategic Outcomes

1. Intensified harm reduction and targeted case finding among PWID in priority regions

2. Increased HIV treatment uptake among PLHIV to support viral suppression in priority geographic areas

3. Strengthened government capacity to monitor, manage and finance national HIV responses

PEPFAR Implementing Partners

Republican AIDS Center

Key Objectives:

1. Support HIV prevention services through key population focused trust points

2. Increase the number of PLHIV who know their HIV status, focusing on identifying HIV -infected key populations (PWID) in Dushanbe, DRS, and Sughd

3. Support key policy improvements to implement Test & Start

4. Improve access to quality HIV care and treatment and efficiency in service delivery

5. Improve HIV sentinel surveillance among PWID and SWs

6. Improve HIV lab services

Republican Narcology Center

Key Objectives:

1. Support operation of demonstration MAT sites with integrated services for PWID and improve the quality of provided services

2. Improve program activities that will lead to high coverage and retention to MAT

3. Improve sustainability, access and adherence to MAT and strengthen the link between the MAT and ART programs

Tracking Results:

- *Increased MAT initiation and retention*

ICAP Global Technical Assistance

Key Objectives:

1. Improve quality of adult HIV prevention, care, and treatment services, including laboratory monitoring of HIV

2. Improve quality and uptake of medication assisted therapy (MAT) programs

3. Strengthen HIV-related program strategic information (SI) systems

Tracking Results:

- *Increased ART initiation, adherence and retention*

- *Increased MAT initiation and retention*
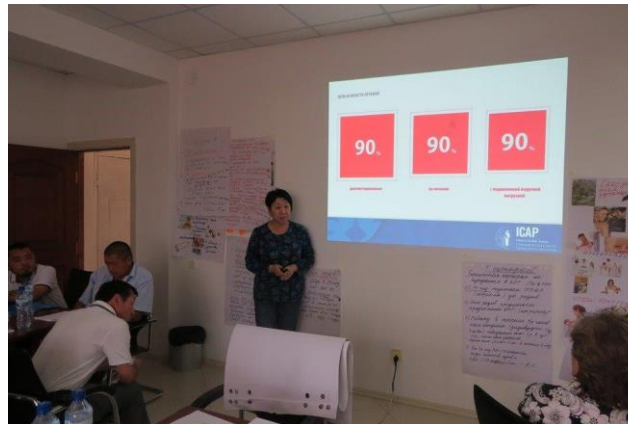
Objectives:

1. Laboratory Quality Management System (QMS) implementation in compliance with the ISO 15189 standard (CLSI mentorship program at the Sughd Oblast AIDS Center Laboratory);

2. Strengthening HIV viral load practices at PEPFAR sites;

3. Development/implementation of HIV laboratory quality assurance measures

Tracking Results:
- *Increases in viral load testing coverage*
- *Laboratory quality improvement monitoring*

HIV Flagship

- Networking model of case-finding
  - *Find those most-at-risk who have not been tested*

- Case management for ART adherence
  - *Community peer support*

- Case management for MAT adherence
  - *Community peer support*
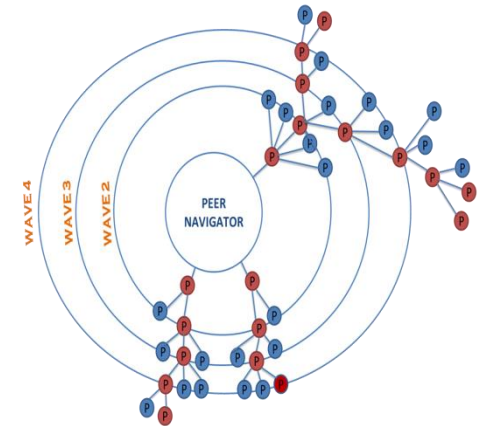
Tracking Results:
- *Increased HIV case finding*
- *Increased ART adherence and retention*
- *Increases in # of people on MAT, adherence, and retention*
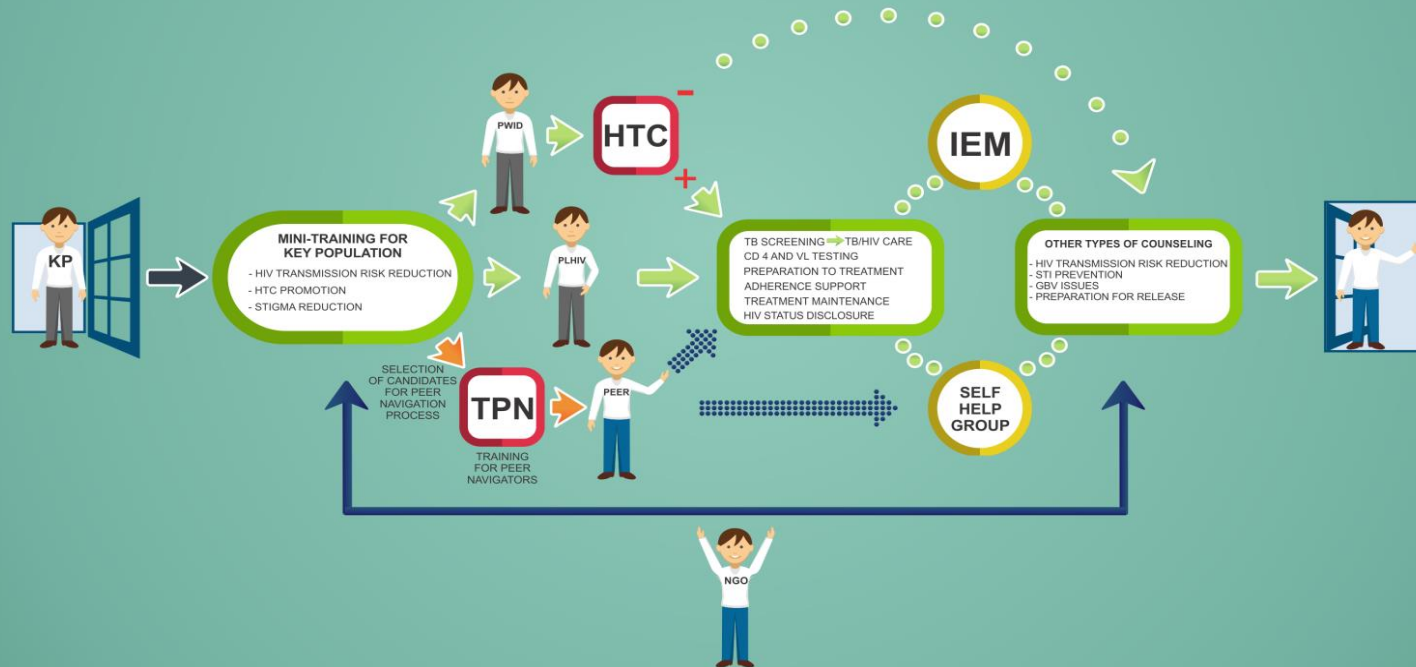
Targets:
– Number of prisoners receive prevention services
– Number of prisoners tested for HIV
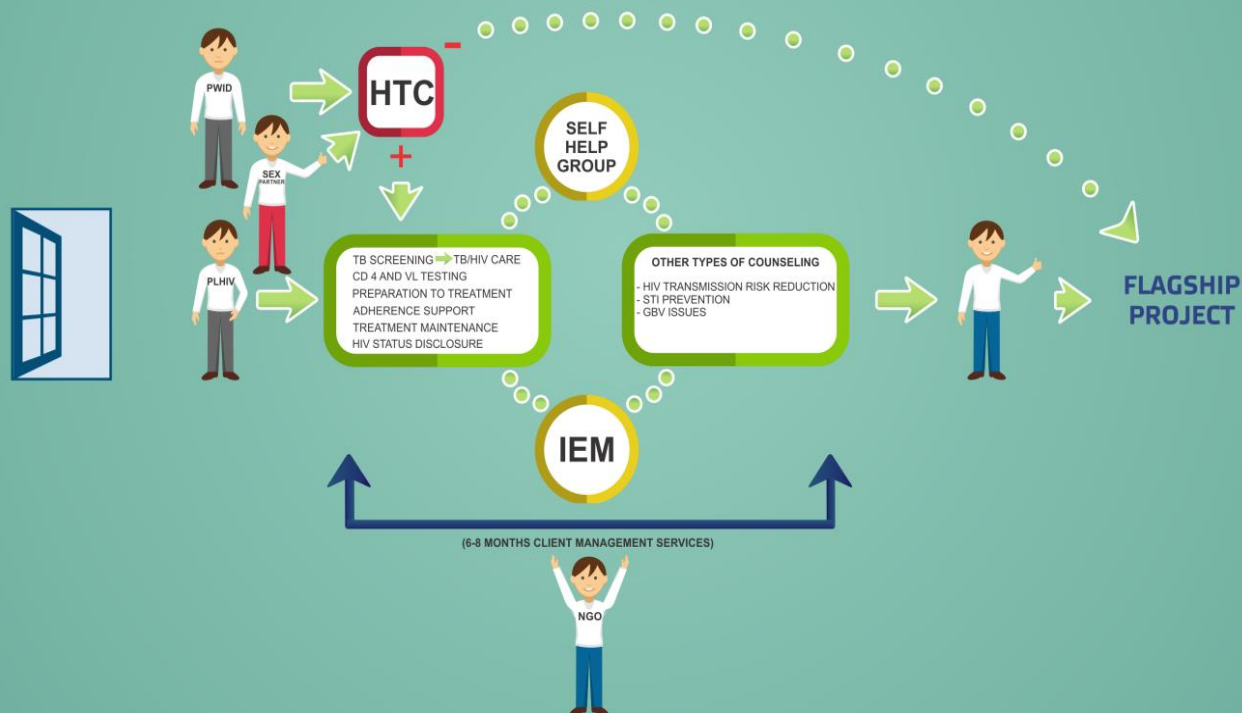
LEADER for PLHIV

- Advocate for sufficient ART for Test and Start and sufficient MAT

- Capacity building of members to:
  – Address stigma and discrimination
  – Reduce legal and political barriers
  – Promote high-quality and appropriate services for PLHIV

Tracking Results:

– *Increases in MAT enrollment*

– *Annual policy tracking*

– *Improving Stigma Index scores*

UNODC

- Counter punitive policies and practices that limit KPs access to HIV services

- Strengthen the capacity of prison staff and police to support KPs

- Improve access to MAT throughout CA, including in prisons

Tracking Results:
  – *Annual policy tracking*
  – *Increased # of PWID on MAT*

UNAIDS

- Support allocative efficiency, including:
  - Test and Start
  - Decentralization of ART
  - Task-shifting
- Address stigma and discrimination against PLHIV and PWID

Tracking Results:
  - *Increases in # of PLHIV on ART*
  - *Annual policy tracking*
  - *Improving Stigma Index scores*

- USAID/Washington project
- HIV Cascade Analysis and Network Analysis of Risk Groups
- TA available to improve implementation of case-finding, linkage to care and adherence support

Discussion

- Ideas for increasing the HIV case identification (yield)?

- Ideas to increase MAT initiation?

- What are some possible areas of the HIV response that require additional support?

- Suggestions for improving PEPFAR program implementation?

Please send your comments to the following email addresses:

wkd9@cdc.gov (Aziz Nabidzhonov, CDC)

lyuldasheva@usaid.gov (Lola Yuldasheva, USAID)